

**NEW JERSEY
STATE REAL ESTATE APPRAISER BOARD
APPLICATION FOR CONTINUING EDUCATION
COURSE/SEMINAR/PROGRAM APPROVAL**

NAME OF PROVIDER:_____

ADDRESS:_____

CITY:_____ **STATE:**_____ **ZIP:**_____

CONTACT PERSON:_____

TELEPHONE NUMBER:_____

TITLE OF COURSE/SEMINAR/PROGRAM:_____

DESCRIPTION OF COURSE/SEMINAR/PROGRAM:_____

(Please include a copy of course/seminar/program outline and contents.)

The purpose of continuing education activities is to ensure that the appraiser participates in a program that maintains and increases his or her skill, knowledge and competency in real estate appraising. **Briefly describe how this Course/seminar program comports with the requirement:**

CATEGORY: ☐ **Pre-Licensing:** ☐ **Continuing Education:** ☐ **Both**

METHOD OF PRESENTATION: ☐ **Traditional Classroom:** ☐ **Distance Education**

DATE OF DATE COURSE/SEMINAR/PROGRAM:_____

LOCATION OF COURSE/SEMINAR/PROGRAM:_____

LENGTH OF COURSE/SEMINAR/PROGRAM:_____

(No more than seven (7) hours will be given for course/seminars or program on update in the National Uniform Standards of Professional Appraisal Practice)

**NAME OF INDIVIDUALS WHO WILL TEACH THE
COURSE/SEMINAR/PROGRAM:**_____

(Attach a copy of instructors' qualification if instructor is not approved to teach this subject.)

SUBMIT ALL MATERIALS TO: **STATE OF NEW JERSEY
DIVISION OF CONSUMER AFFAIRS
STATE REAL ESTATE APPRAISER BOARD
P. O. BOX 45032
NEWARK, NJ 07101
ATTN.: DR. JAMES S. HSU, EXECUTIVE DIRECTOR**

-----PLEASE DO NOT WRITE BELOW THIS LINE-----
FOR OFFICE USE ONLY

Similar course was approved by the Board:

Title:_____

Provider:_____ **No. of Hrs.**_____

☐ **Approved:** ☐ **Denied:** ☐ **Hold:** **Approval Code:**_____ **No. Of Hrs.**_____

Approved For: ☐ **Pre-Licensing:** ☐ **Continuing Education:** ☐ **Both**

DATE APPROVED:_____ **APPROVED BY:**_____